

Mental Health, Chemical Abuse and Dependency Services Division

Department of Community and Human Services

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December 8, 2009

TO: Chemical Dependency Prevention and Treatment Adult and Youth Providers

Janst

FM: Jim Vollendroff, Assistant Division Director/CD Prevention and Treatment Coordinator,

Mental Health, Chemical Abuse and Dependency Services Division

RE: Chemical Dependency Performance Indicator Report, July-December 2008

I am pleased to present the King County Chemical Dependency Performance Indicators Report (CDPIR) for the period of July 1 – December 31, 2008 (see enclosure). This report provides information about components of the chemical dependency prevention and treatment delivery system funded by King County. The system serves adults and adolescents who do not have adequate resources to pay for treatment and support services. For the first time, this report describes the King County Community Organizing Program (KCCOP) and presents 2008 data on KCCOP activities.

Changes to the format and content to this report occur when we make changes to the system, or identify ways to make the report more meaningful to its readers. The report is prepared on a semi-annual basis and each report includes the most recent six months of data available. Data from current reports is compared to data from previous reports in order to identify trends, successes, and areas of concern.

The CDPIR includes

- Data for a three year period for each program funded by MHCADSD.
- Summary program and demographic data for the most recent calendar year.
- Appendices that provide detail about the data, define terms used, and list the agencies that provide the programs and services included in this report.

I continue to be amazed by the growth of the chemical dependency system over the past few years. However, due to significant budget reductions that began in the second half of 2009, I anticipate that the growth we have experienced over the years will not continue. Monitoring system performance through this report and other methods informs us if our services provide the intended impact on the clients we serve. I welcome your feedback about the usefulness of the report, its content, and the format we use to display and discuss the data.

JV:ran

Enclosure



Mental Health, Chemical Abuse and Dependency Services Division

CHEMICAL DEPENDENCY PERFORMANCE INDICATORS REPORT

July – December 2008

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Executive Summary

The following summarizes findings from the current reporting period, and when relevant, compares these findings to those from preceding reporting periods.

<u>Prevention</u>: In King County, prevention of abuse of drugs and alcohol is addressed through two approaches, both of which target risk and protective factors that are selected through a needs assessment that is updated every two years:

Prevention programs through which contracted agencies offer programs that address the risk and protective factors known to reduce the likelihood that youth will abuse alcohol and other drugs. For the past four years, prevention programs represent "best", "promising", or "innovative" practices, thus assuring that programs for at-risk youth have the greatest likelihood for achieving long-term positive outcomes.

Community organizing activities that facilitate community-based efforts to identify and implement community-based solutions to youth violence and substance abuse. As such, programs reflect the communities from which they are developed.

For the period January – December 2008, 2,399 individuals participated in multi-session prevention programs. Throughout 2008, programs that target the risk factor "favorable attitudes among youth that encourage substance use" had the highest attendance among those offered, and the vast majority of all programs were defined as "best practices".

In 2008, Community Organizing worked with a total of 122 community coalitions comprised of 2,701 members to develop prevention programs that subsequently engaged 14,779 youth and 6,203 adults. Program outcomes indicate:

- 90% of youth increased their understanding of the harmful effects of substance use and violence.
- 92% of parents say they are better able to deal with their young people regarding substance use and violence.
- 90% of adult and youth participants say they are better able to see the community as a resource in assisting friends and families to deal with substance abuse and violence.

Emergency Services and Sobering Support Center: The total number of transports provided by the Emergency Services Patrol (ESP) in 2008 increased to 15,433, which is an increase of 2,113 transports, or 16%, over 2007. As in previous reports, the vast majority of transports are to the Dutch Shisler Sobering Support Center. An increase in the percentage of transports to other locations reflects the newly emphasized practice of transporting clients away from the neighborhood of the Sobering Center when they complete their stay.

The number of admissions to the Dutch Shisler Sobering Support Center has increased since 2006 when the newly implemented 1811 Project opened. In 2006, admission numbers declined but they grew again in 2007 and 2008. In 2008, there were a total of 25,858 separate admissions¹, which represents a 12% increase over 2007 admissions, and a 40% increase over 2006 admissions. For the period of July 1- December 31, 2008, 145 of the 1,547 total number of people admitted accounted for 60% of all admissions, averaging 53 admissions each. While the

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¹ It is important to distinguish the number of admissions from the number of people admitted, as the majority of people admitted experienced more than one admission during the reporting period.

system made progress in 2005 and 2006 toward engaging high utilizers of the Sobering Center in supportive housing and treatment, it appears new high utilizers are now absorbing the excess capacity created by these actions.

The demographics of Sobering Center clients continue to be skewed toward certain population groups, for instance: 15% are Native American, while Native Americans only represent two percent of King County's population; 25% of those admitted five times or more during the reporting period were Native American; and nearly 90% of admitted clients are male.

<u>Detoxification Center</u>: The number of admissions (episodes) and unduplicated people admitted to the Detoxification Center has been relatively stable since the first half of 2006. Since the first half of 2006, the percentage of those receiving detoxification services who identify alcohol as their drug of choice has grown, while the percentage who choose opiates, cocaine or methamphetamine has declined. When individuals are released from the Detoxification Center, the majority of referrals are made to self-help groups (over 60 percent), with chemical dependency treatment receiving the second highest number of referrals (close to 30 percent in the second half of 2008).

<u>Involuntary Commitment Services</u>: After increasing for three biennial quarters, the number of referrals to Involuntary Commitment Services has declined since the first half of 2007. However, the number of placements at Pioneer Center North² has remained quite constant, so the percent of referrals resulting in placement has grown to approximately 50%.

<u>Outpatient Treatment – Youth</u>: The number of open cases has increased each biennial quarter since the first half of 2007. MHCADSD implemented several initiatives in 2006 and 2007 in order to improve access for youth in need of treatment. In the second half of 2008, 981 youth were admitted to outpatient treatment. The vast majority of youth admitted to treatment identify marijuana as their drug of choice, followed by a smaller portion who identify alcohol as their primary drug. Completion rates are an important outcome for King County, and the county has outperformed other areas of the state. During the second half of 2008, the statewide outpatient treatment completion rate for youth was 50% (excluding King County), while the rate for King County was 61%.

<u>Outpatient Treatment – Adults</u>: The number of adults in treatment continued to grow with 6,680 served in the second half of 2008. While the number of adults served with Medicaid resources grew slightly, the greater growth was for adults who do not have Medicaid. Unlike youth, the most common drug of choice for adults in treatment was alcohol, followed by opiates, then cocaine. The statewide adult outpatient treatment completion rate (less King County) was 52% in the second half of 2008, which King County exceeded at 57%.

Opioid Treatment: There were a significant number of new admissions to opioid treatment programs in 2008. In 2007, 875 adults were admitted, while in 2008 there were 1,241 new admissions, which is an increase of 42%. In the second half of 2008, non-Medicaid admissions nearly doubled the number of Medicaid admissions, which is the first time in three years that Medicaid numbers were less than non-Medicaid.

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² Pioneer Center North is a locked treatment facility that provides intensive inpatient services to people who qualify for involuntary commitment services.

Chemical Abuse and Dependency Programs

Prevention

King County programs address prevention of drug and alcohol abuse through two approaches. One approach is contracting with organizations to provide drug and alcohol prevention programs; the other approach is supporting the development of community efforts to address substance abuse and violence.

Through a required public process, a small number of risk and protective factors are targeted for action in King County. Because of changes in the targeted factors, the factors addressed by prevention and community organization programs vary over time. During the three years covered in this report, the seven factors addressed were:

- Favorable attitudes among youth that encourage substance use (risk factor)
- Family management problems due to inconsistent guidelines for behavior and inappropriate rewards and consequences for following and not following guidelines (risk factor)
- Warm, supportive relationships with parents, teachers, other adults and peers (bonding) who
 reinforce competence, expect success and support not using alcohol, tobacco or other drugs
 (protective factor)
- Early initiation of the problem behavior (risk factor)
- Availability of drugs (risk factor)
- Friends who engage in the problem behavior (risk factor)
- Low neighborhood attachment and community disorganization (risk factor)

For the first time, this section describes the King County Community Organizing Program (KCCOP) and presents 2008 data on KCCOP activities. It also describes the prevention programs and presents data about them in half-year periods.

The goal of the KCCOP is to involve every citizen of King County in the prevention of youth substance abuse and violence through community based solutions. KCCOP works with coalitions that form to address the substance abuse or violence concerns within an identified community. Such communities are defined by the common identity or interests of their members, such as where they live or attend school, ethnicity, sexual orientation, or particular prevention goals and strategies.

In 2008, KCCOP worked with a total of 122 community coalitions, with 2,701 members, to implement strategies for the prevention of substance abuse and violence. Eighty-four of those coalitions received KCCOP mini-grants that were combined with in-kind community support worth \$289,000 to provide prevention programs that engaged 14,779 youth and 6,203 adults.

Outcomes from these community organizing prevention strategies were:

- 90% of youth report an increase in their understanding of the harmful effects of substance use and violence.
- 92% of parents say they are better able to deal with their young people regarding substance use and violence.
- 90% of adult and youth participants say they are better able to see the community as a resource in helping friends and families deal with issues of substance abuse and violence.

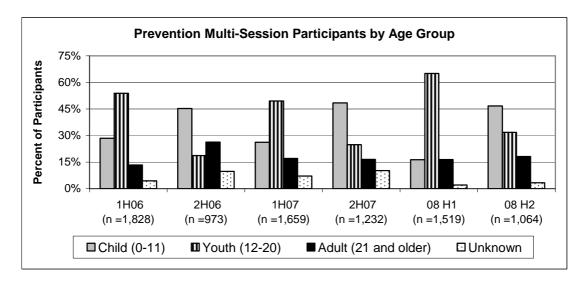
For drug and alcohol prevention programs, the target populations are children, youth and parents. Programs are designed to prevent or delay first use and abuse of alcohol and other drugs by reducing risk factors and enhancing protective factors.

Risk and protective factors are addressed through single event or multiple session programs. Single event programs during July through December 2008 were:

• School/community-based events developed and sponsored by youth that targeted bonding and reached 5,887 youth.

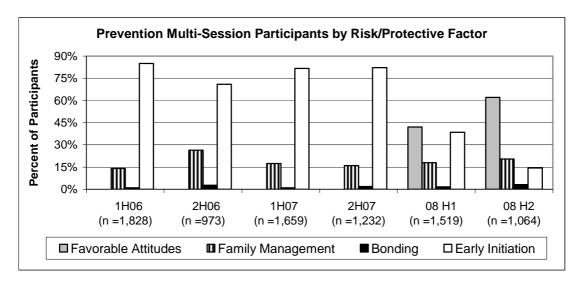
Prevention programs that have a multiple session format, such as skills training classes or support groups, collect demographic data about participants. Only multi-session programs are included in the following graphs.

The following graph shows the number of participants by biennial quarter and age group.



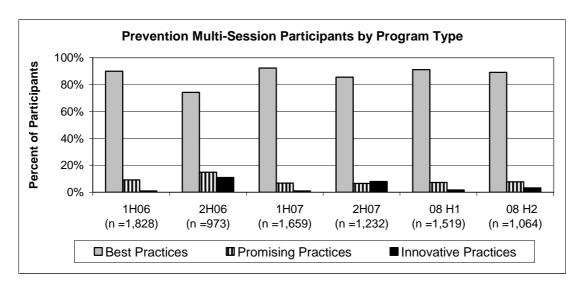
The large changes above in the relative proportions of the Child and Youth age groups reflect programs based on the school calendar as well as biennial changes in the targeted factors.

The following graph shows the number of participants by the risk or protective factor that is targeted by the program.



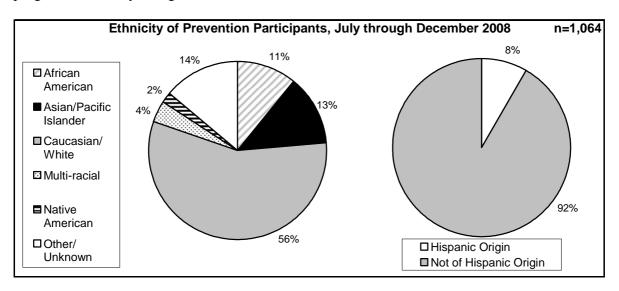
As with age groups, the changes above in the percentages of risk factors result from biennial changes in the targeted factors and the fact that many prevention programs are scheduled in conjunction with the school calendar.

Research has validated the effectiveness of some prevention efforts while others have not been evaluated yet. Applying this research, programs funded in King County are categorized as "best practices", "promising practices" or "innovative practices". The following graph shows the number of participants by biennial quarter and program type.



The results above show continued focus on prevention methods that have been demonstrated to be effective. The modest reduction in the number of participants reflects programs based on the school calendar as well as differences in the mix of services during the time period.

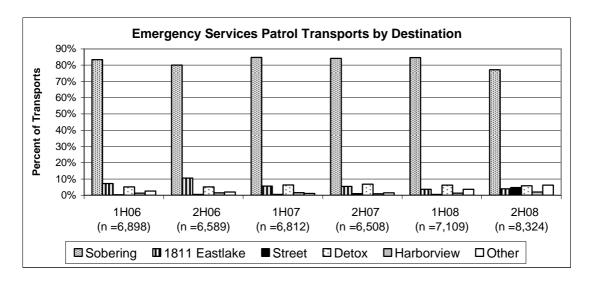
The charts below show the ethnicity of people who participated in multi-session prevention programs from July though December 2007.



Emergency Services Patrol

The Emergency Services Patrol (ESP) provides direct assistance and transport of intoxicated/incapacitated individuals to appropriate services and treatment from designated areas within the City of Seattle, 24 hours a day, seven days a week.

The chart below shows the number of individuals transported and the destination of each transport by biennial quarter.



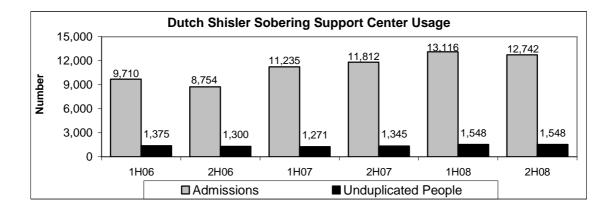
The large increase in the percentage of transports to the Street during July through December 2008, as well as smaller percentage increases in transports to Harborview and Other reflects an increased focus by ESP staff on transporting people away from the Dutch Shisler Sobering Support Center neighborhood when they finish their stay.

It is not possible to collect reliable demographic data about ESP clients. However, because a majority of transports are to the Sobering Support Center, the demographic data from the Sobering Center provide a good approximation of ESP client demographics.

Dutch Shisler Sobering Support Center

The Dutch Shisler Sobering Support Center provides adults a safe and secure place to recover from the effects of acute intoxication by alcohol and/or other drugs. Clients receive a medical screening and are referred to treatment and other appropriate services.

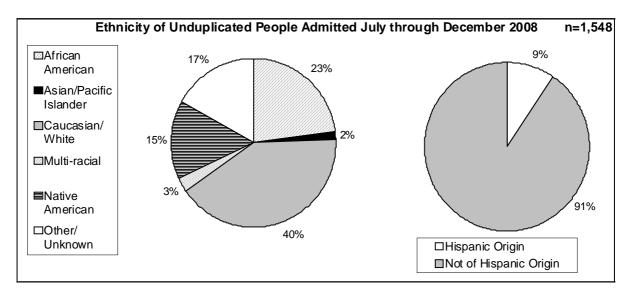
The chart below shows the number of admissions to the Sobering Center and the number of unduplicated people who were admitted.



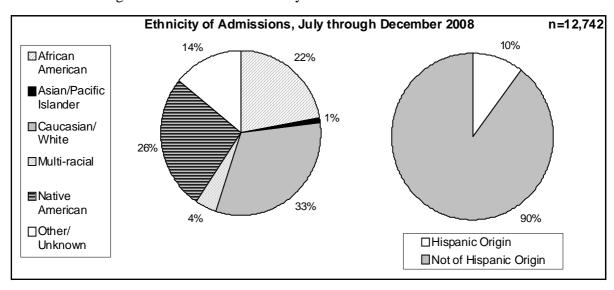
Sobering Center admissions declined between 2005 and 2006 because of budget reductions and the opening of the 1811 Eastlake project that placed many of the highest users in a special housing project. The large increase in admissions since 2006 cannot be explained as easily. It appears that as Sobering Center resources became more available, individuals appeared more frequently to use them.

The data above show that some individuals are frequent users of the Sobering Center. In the last biennial quarter, 9.4% (145) of the 1,547 people admitted accounted for 60% of the total admissions. These 145 individuals averaged 53 admissions each during the six-month period, with a range from 25 to 141 admissions. After progress was made from 2005 to 2006 in getting high utilizers of the Sobering Center into supportive housing and treatment, new high utilizers began absorbing the excess capacity.

The following charts show the ethnicity of unduplicated people served by the Sobering Center from July through December 2008. See Appendix A for additional details.



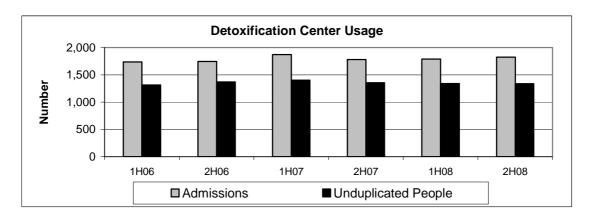
Among those admitted to the Sobering Center during July through December 2008, the percentage who are Native American (15%) is much higher than the percentage of Native Americans in either the general population (2%) or in any other drug/alcohol program area (see Summary Data, Demographic Detail). In addition, a disproportionate number of the frequent users of the Sobering Center are Native American: 25% of those admitted five times or more in the last biennial quarter were Native American. As shown below and above in the charts on the left, 26% of all admissions to the Sobering Center in the last biennial quarter are for Native Americans although Native Americans are only 15% of the individuals served.



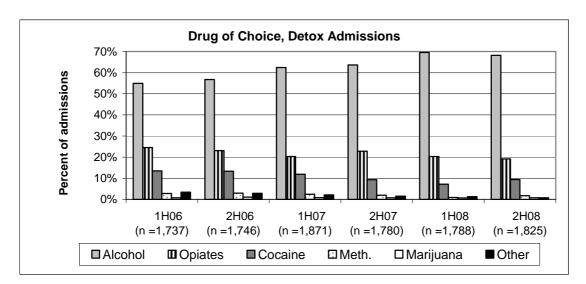
Detoxification Center

Detoxification services are provided to indigent clients who are recovering from the effects of acute or chronic intoxication or are withdrawing from alcohol or other drugs. Upon successful completion of detoxification services, clients are referred for ongoing treatment and support.

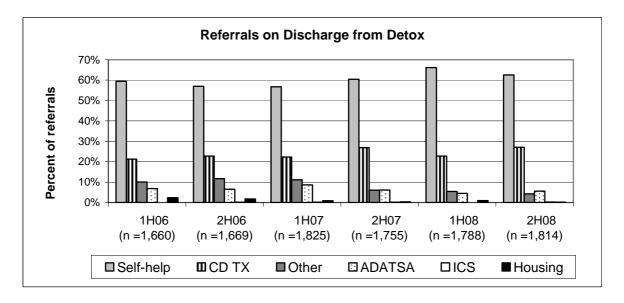
The chart below shows the number of new admissions to the Detoxification Center during each biennial quarter and the number of unduplicated people admitted.



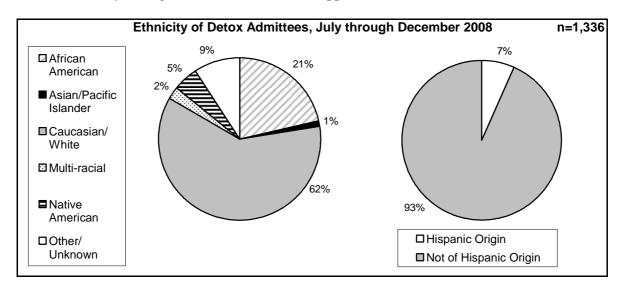
The following chart shows the primary substance used by people admitted to the Detoxification Center; this isn't always the substance for which detoxification is needed (see Appendix A for more information).



The chart below shows the resources to which people were referred when discharged from the Detoxification Center, based on the biennial quarter of the discharge.



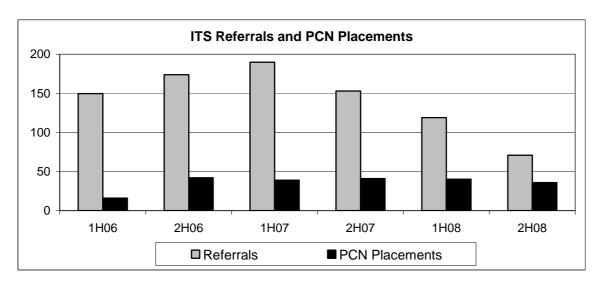
The charts below show the ethnicity of unduplicated people admitted to the Detoxification Center from July through December 2008. See Appendix A for additional details.



Involuntary Commitment Services

Involuntary Commitment Services (ICS) include investigation and evaluation of facts to determine whether a person is incapacitated as a result of chemical dependency. If a chemical dependency specialist determines there is reliable evidence to support a finding of incapacity, a petition for commitment can be filed on behalf of the incapacitated person. Courts can then commit a person to a locked treatment facility for intensive treatment.

The following chart shows the referrals received by ICS for investigation and the number of commitments that resulted in a placement at Pioneer Center North (PCN) for inpatient treatment.

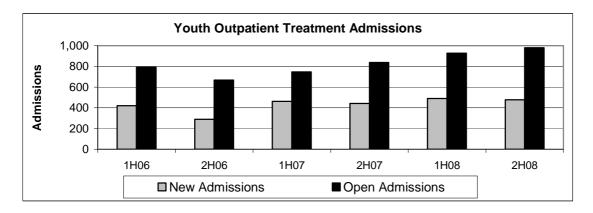


Although the number of referrals has declined steadily since the first half of 2007, the number of PCN placements has remained about the same.

Outpatient Treatment – Youth

Outpatient treatment services for youth and young adults are targeted for low-income and indigent youth. Services include development of sobriety maintenance skills, family therapy or support, case management and relapse prevention. Services are expected to improve school performance and peer and family relationships and to decrease risk factors associated with substance use and abuse.

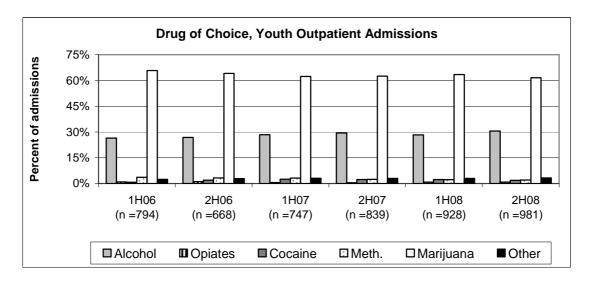
The following chart shows admissions to outpatient treatment for youth under 18. Both "new admissions", which started during the biennial quarter, and "open admissions", which include people who started treatment prior to the start of the quarter and were not yet discharged, are shown.



Historically, youth treatment admissions have fluctuated in relation to the school calendar because schools are a major source of referrals. Referrals, assessments and admissions have been lower in July, August and December and have been higher from January through June. Although that fluctuation was evident in 2006 and earlier years, new admissions in 2007 and 2008 remained level across half-year periods.

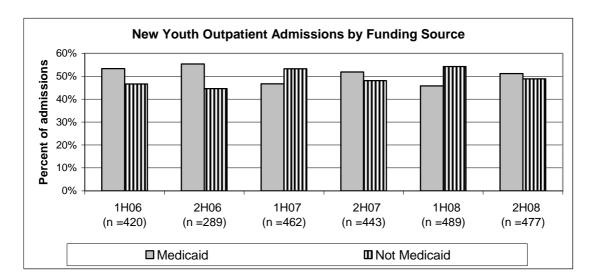
A decrease in admissions emerged in 2005 and continued through 2006. MHCADSD identified several issues that contributed to this trend including inadequate reimbursement rates, reductions in the funding that supports school prevention/intervention specialists and a shortage of qualified youth Chemical Dependency Counselors. Working with providers, schools and DASA, MHCADSD implemented several strategies to improve referral networks, review school drug and alcohol policies, address the shortage of qualified treatment staff, and increase vendor rates. During 2007, those efforts helped to reverse the decline and new admissions increased. In addition to the higher level of new admissions, open admissions have increased steadily from the first half of 2007 through the second half of 2008 because a larger percentage of youth are remaining in treatment longer than six months.

The chart below shows the primary substance used by youth admitted to outpatient treatment.

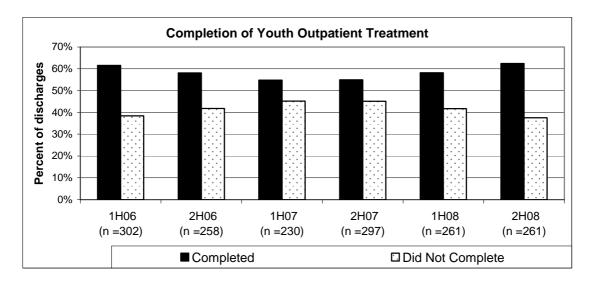


While the most frequently used drug among youth in treatment is marijuana, a significant percentage of youth are using alcohol.

The chart below shows the proportion of newly admitted youth each biennial quarter whose treatment is funded by Medicaid vs. other public funding.

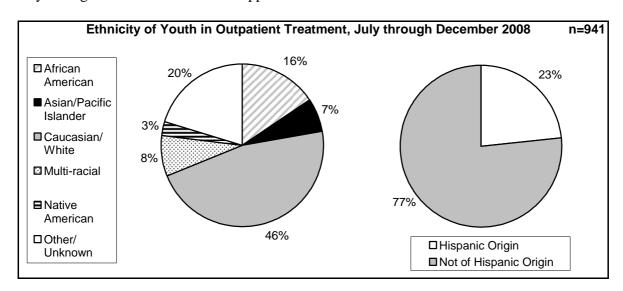


The following chart shows rates for successfully completing treatment for youth who were discharged during the quarter. (See Appendix A for details on how the rate is determined.)



The statewide completion rate, excluding King County, for youth outpatient treatment for the second half of 2008 was 50% compared to 61% for King County.

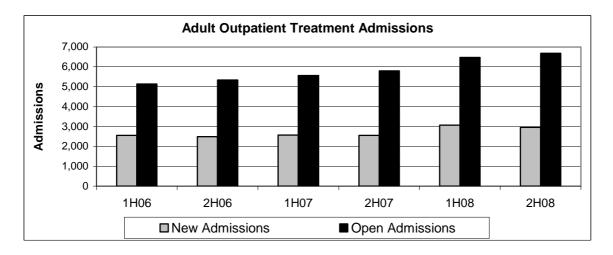
The charts below show the ethnicity of unduplicated youth receiving outpatient treatment from July through December 2008. See Appendix A for additional details.



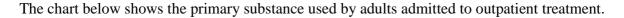
Outpatient Treatment - Adult

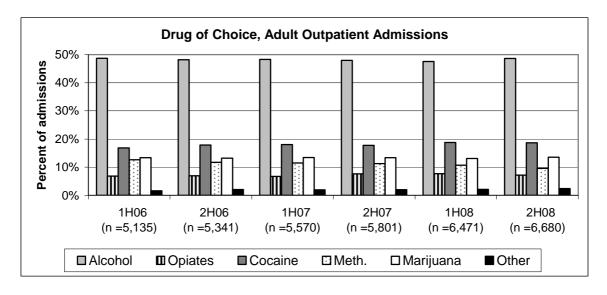
Outpatient treatment services provide treatment to low-income and indigent adults who need treatment to recover from addiction to drugs and/or alcohol. Services are designed to assist clients to achieve and maintain sobriety, and can include individual face-to-face treatment sessions, group treatment, case management, job-seeking motivation and assistance, or other services, including referrals to appropriate service agencies.

The following chart shows admissions to outpatient treatment for adults, 18 and over. Both "new admissions", which started during the biennial quarter, and "open admissions", which include people who started treatment prior to the start of the quarter and were not yet discharged, are shown.

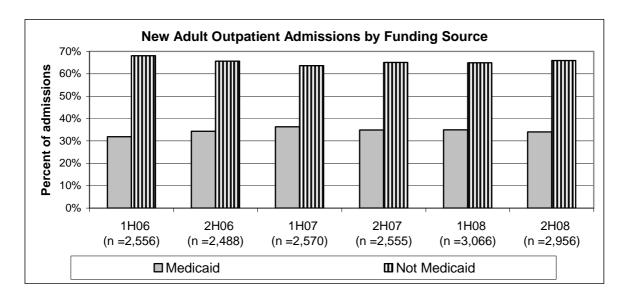


The total number of people in treatment has continued to increase since early 2006 because people are remaining in treatment longer. This longer treatment duration reflects increased funding to pay for treatment and to meet other needs that can interfere with engagement in treatment, as well as the often longer-term treatment needs of people who receive chemical dependency services in addition to mental health services.

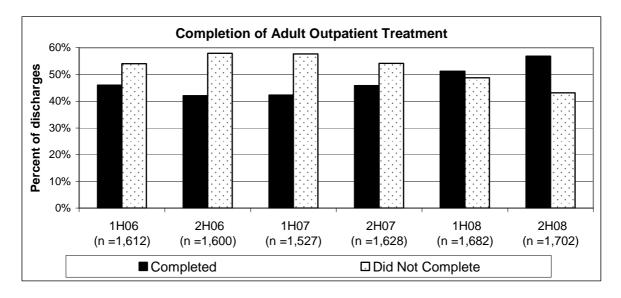




The following chart shows the proportion of newly admitted adults each biennial quarter whose treatment is funded by Medicaid vs. other public funding.

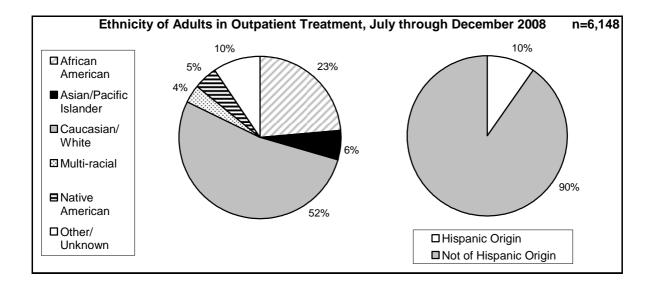


The chart below shows rates for successfully completing treatment for adults who were discharged during the quarter. (See Appendix A for details on how the rate is determined.)



The statewide completion rate, excluding King County, for adult outpatient treatment for the second half of 2008 was 52% compared to 57% for King County.

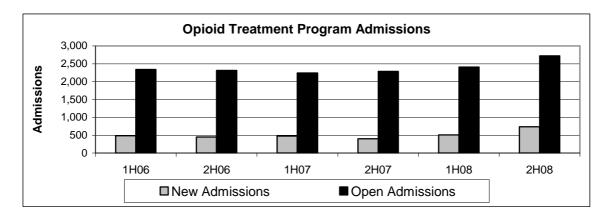
The charts below show the ethnicity of unduplicated adults receiving outpatient treatment from July through December 2008. See Appendix A for additional details.



Opioid Treatment Programs

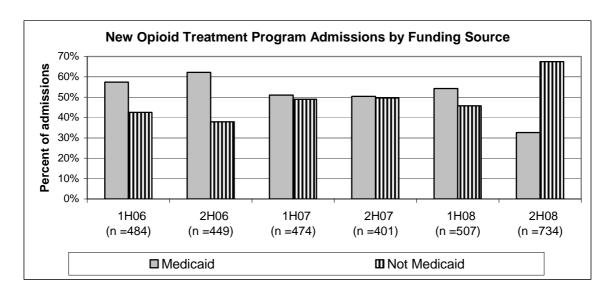
Opioid treatment programs provide medically supervised treatment services to persons with chronic opiate addictions. In addition to physical exams and medical monitoring, clinics provide individual and group counseling, medications, urinallysis screening, referral to other health and social services, and patient monitoring.

The chart below shows admissions to opioid treatment programs. Both "new admissions", which started during the biennial quarter, and "open admissions", which include people who started treatment prior to the start of the quarter and were not yet discharged, are shown.

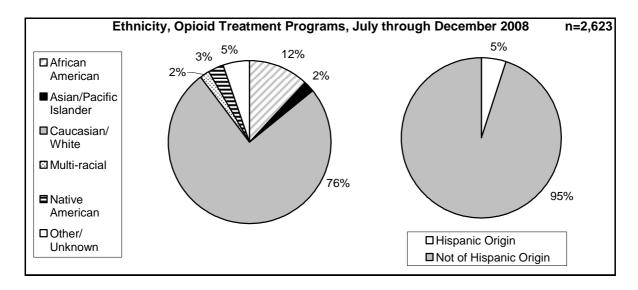


New admissions and open admissions both increased in the second half of 2008 as Mental Illness and Drug Dependency Action Plan funding from local sales tax became available.

The following chart shows the proportion of newly admitted people each biennial quarter whose opioid treatment is funded by Medicaid vs. other public funding.



The following charts show unduplicated people receiving opioid treatment from July through December 2008. See Appendix A for additional details.



Summary Data

Overview

This section provides summary data for the current calendar year in two areas: services and dispositions and demographics of individuals served. It also provides summary data for the last three calendar years for financial revenues and expenditures.

The services data are for the same program areas and measures that were presented graphically in the Programs section. The time period that the data describe is different. Data in this section are for the most recent calendar year, which is the same time period as the last two biennial quarters shown in the charts. Both numbers and percentages are shown. See Appendix A for additional details.

The demographic data are broader than the data in the Programs section. For each area where data on unduplicated individuals are available (that is, all areas except the Emergency Services Patrol), the gender, race or ethnic group and Hispanic origin status of all individuals served during the most recent calendar year is reported. Both numbers and percentages are included. For Prevention, demographic data are shown only for participants in multiple episode programs.

To provide additional context, U.S. Census Bureau data for gender and ethnicity in the youth and adult populations in King County that are below the federal poverty level are shown beside the program demographic data. Although many people with somewhat higher incomes also qualify for public funding, these data approximate the gender and ethnic mixtures among King County residents who are eligible for publicly funded services. Data for the "Youth Outpatient" programs should only be compared to the "Youth" population. All other programs except Prevention serve only adults. (Data Source: U.S. Census Bureau, 2005-2006 American Community Survey, B17001A-I tables.)

The financial data include a financial plan for 2006, 2007, and 2008 Actuals. The financial plan shows the beginning fund balance, revenues received by type of revenue, expenditures made by category of expenditure, and the ending fund balance. The chart at the bottom of the page shows contracted expenditures for outpatient treatment services in 2006, 2007 and 2008. The chart is broken out by outpatient treatment services for adults and youth, and opioid treatment programs. Contracted outpatient services accounted for \$8,642,339 in 2006, \$11,237,163 in 2007 and \$12,333,381 in 2008.

Title XIX (Medicaid) dollars are not included in the Financial Plan figures. Title XIX dollars combine state and federal funds to pay for treatment services. Money is set aside from the MHCADSD biennium contract with the State and allocated to chemical dependency treatment agencies to provide treatment services. These dollars are then matched with federal dollars and disbursed by the state directly to agencies for treatment services provided to Medicaid recipients. For 2008, the Title XIX County Summary Match Reports show that \$7,887,745 was paid to agencies for treatment services utilizing a total of \$3,943,872 in state match. This is an increase of 18% or \$1,200,650 paid to agencies for treatment services above the amount paid in 2007.

Services and Dispositions, January – December 2008

	Number	Percent
Prevention Participants	2,399	100%
Age Group	,	
Child	702	29%
Youth	1,252	52%
Adult	402	17%
Unknown	43	2%
Risk/Protective Factor		
Favorable Attitudes	1,186	49%
Family Management	443	18%
Bonding	34	1%
Early Initiation	736	31%
Program Type		
Best Practices	2,198	92%
Promising Practices	167	7%
Innovative Practices	34	1%
ESP Transports		
All Destinations	15,433	100%
Sobering	12,441	81%
1811 Eastlake	589	4%
Street	438	3%
Detox	925	6%
Harborview	264	2%
Other	776	5%
Sobering Center		
Admissions	25,858	
Unduplicated People	2,470	
Detoxification Center		
Admissions	3,614	
Unduplicated People	2,395	
Admissions by drug of choice	3,613	100%
Alcohol	2,489	69%
Opiates	713	20%
Cocaine	300	8%
Methamphetamines	48	1%
Marijuana	26	1%
Other	37	1%
Referrals on discharge, all d/c	3,603	100%
Self-help	2,319	64% 25%
CD TX	902	
Other	175	5%
ADATSA	183	5%
ICS	4	0%
Housing	20	1%

<u>N</u>	<u>ımber</u>	Percent
Involuntary Commitment Services		
Referrals	190	
Unduplicated people	171	
PCN Placements	86	
Outpatient Treatment Youth		
New admissions	966	
Open admissions	1,405	
Unduplicated people (open)	1,321	
Open admissions by drug of choice	1,321	
Alcohol	409	29%
Opiates	10	1%
Cocaine	24	2%
	27	2%
Methamphetamines	893	64%
Marijuana		
Other	42	3%
New admissions by Medicaid status Medicaid	460	48%
Not Medicaid	468 498	40% 52%
Discharges (during year)	911	JZ /0
Completed treatment	315	60%
Did not complete	207	40%
Excluded from calc.	389	43%
Adult		
New admissions	6,022	
Open admissions	9,428	
Unduplicated people (open)	8,176	
Open admissions by drug of choice		
Alcohol	4,506	48%
Opiates	708	8%
Cocaine	1,785	19%
Methamphetamines	968	10%
Marijuana	1,234	13%
Other	226	2%
New admissions by Medicaid status		
Medicaid	2,081	35%
Not Medicaid	3,941	65%
Discharges (during year)	5,733	54%
Completed treatment	1,830	46%
Did not complete Excluded from calc.	1,554 2,349	40% 41%
Opioid Treatment Programs	2,349	4170
New admissions	1,241	
Open admissions	3,141	
Unduplicated people (open)	2,876	
New admissions by Medicaid status		4407
Medicaid	514	41%
Not Medicaid	727	59%

Program Comparisons

The table below shows the drug of choice data for different program areas and highlights differences among substances used.

Drug of Choice Comparison, January - December 2008							
	Detoxification Center Admissions*	Outpatient Youth <u>Admissions</u>	Outpatient Adult <u>Admissions</u>				
Total Number	3,614	1,405	9,428				
Drug of Choice Percentage							
Alcohol	69%	29%	48%				
Opiates	20%	1%	8%				
Cocaine	8%	2%	19%				
Methamphetamines	1%	2%	10%				
Marijuana	1%	64%	13%				
Other	1%	3%	2%				

There is a dramatic difference between the Youth and Adult Outpatient use of marijuana.

Demographic Detail, January – December 2008

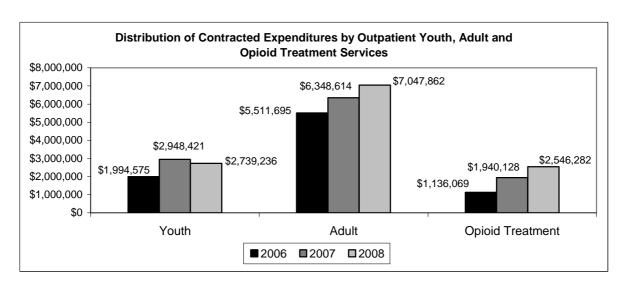
								King County Residents		
				_	0	utpatien	t	Below Fed. Pov. Level		
	<u>Prevention</u>	Sobering	<u>Detox</u>	<u>ICS</u>	Youth	<u>Adult</u>	Opioid Tx.	Youth	Adult	
Unduplicated people served	2 200	2.470	2 205	171	1 221	8,176	2 976	<u>(12 - 17)</u> 15,199	(over 17) 130,235	
Oliduplicated people served	2,399	2,470	2,395	171	1,321	0,170	2,876	15,199	130,233	
Gender										
Number of people										
Male	1,341	2,141	1,737	126	927	5,373	1,585	8,031	59,077	
Female	1,015	325	658	45	394	2,803	1,291	7,168	71,158	
Percent of all served										
Male	56%	87%	73%	74%	70%	66%	55%	53%	45%	
Female	42%	13%	27%	26%	30%	34%	45%	47%	55%	
("Unknown gender" coul	nts are not incl	uded)								
Race/ethnic group:										
Number of people										
African American	180	513	526	24	219	1,884	355	3,770	16,655	
Asian/Pacific Islander	241	60	29	2	88	478	63	1,932	19,081	
Caucasian/ White	1,426	1,024	1,449	104	603	4,330	2,168	6,248	81,731	
Multi-racial	191	80	61	5	108	287	53	1,413	5,289	
Native American	41	350	125	26	42	399	87	390	2,204	
Other/ Unknown	320	443	205	10	261	798	150	1,446	5,275	
Percent of all served										
African American	8%	21%	22%	14%	17%	23%	12%	25%	13%	
Asian/Pacific Islander	10%	2%	1%	1%	7%	6%	2%	13%	15%	
Caucasian/ White	59%	41%	61%	61%	46%	53%	75%	41%	63%	
Multi-racial	8%	3%	3%	3%	8%	4%	2%	9%	4%	
Native American	2%	14%	5%	15%	3%	5%	3%	3%	2%	
Other/ Unknown	13%	18%	9%	6%	20%	10%	5%	10%	4%	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Hispanic origin:										
Number of people										
Hispanic origin	243	269	146	9	289	784	149	2,713	13,668	
Not Hispanic origin/Unknown	2,156	2,201	2,249	162	1,032	7,392	2,727	12,486	116,567	
Percent of all served										
Hispanic origin	10%	11%	6%	5%	22%	10%	5%	18%	10%	
Not Hispanic origin/Unknown		89%	94%	95%	78%	90%	95%	82%	90%	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	

(Percentages may not add up to 100% because of rounding)

Financial Summary

King County Substance Abuse Fund 2006 - 2008 Actuals Financial Plan

	2006 Actual	2007 Actual	2008 Actual
Beginning Fund Balance	2,504,567	2,537,729	2,419,423
Revenues			
Licenses & Permits	0	0	0
Federal Grants	8,335,781	5,275,547	6,481,269
State Grants	11,472,810	13,851,485	14,187,246
Intergovernment Payment	1,043,303	1,171,853	1,170,582
Charges for Services	708,949	328,009	711,003
Miscellaneous	8,147	57,983	124,292
Other Financing Sources	241,024	253,758	187,809
Current Expense	3,092,262	3,154,107	3,217,189
Total Revenues	24,902,276	24,092,741	26,079,389
Expenditures			
Administration	(2,187,864)	(2,562,610)	(2,456,563)
Housing Voucher Program	(545,567)	(494,887)	(510,182)
Treatment	(20,527,628)	(20,163,206)	(21,706,250)
Prevention Activities	(1,608,054)	(990,344)	(928,631)
Total Expenditures	(24,869,114)	(24,211,047)	(25,601,626)
Other Fund Transactions			
Adjustment Prior Yr Expenditures			
DCFM Energy Surcharge Refund			
Total Other Fund Transactions	0	0	0
Ending Fund Balance	2,537,729	2,419,423	2,897,187



This appendix describes the data sources used for the Chemical Dependency Performance Indicators Report (CDPIR) and issues around the quality, meaning and availability of the data. It also includes specific notes about the data presented for different program areas.

Data Sources and Data Quality Issues

Data Sources

The data included in this report come from four broad types of sources:

- Summary data furnished by service providers. Such data are used for Emergency Services Patrol.
- A database developed by MHCADSD that is used by the Dutch Shisler Sobering Center and Involuntary Commitment Services to collect data for those programs.
- The State DASA Prevention database that contains data from contracted providers about individuals who participate in multiple episode prevention programs.
- The State TARGET database that contains data from contracted providers about individuals and their treatment services. TARGET data are used for the Detoxification Center and Youth, Adult and Opioid Treatment Program outpatient treatment portions of the CDPIR. (Although the Sobering Center also submits data to the TARGET system, those data are not used in this report because only minimal TARGET data are collected.)

Race/Ethnicity/Hispanic Origin Data Issues:

Among the programs that are included in this report, there are a number of differences in how data about race, ethnicity and Hispanic origin are collected and/or reported. To combine the data into a single consistent format, the following decisions were made:

- The "race/ethnicity" data reported for all program areas is presented using a single set of categories.
- The categories chosen are four commonly identified broad "race/ethnicity" groups (Black/African American, White/Caucasian/European American/Middle Eastern, Asian/Pacific Islander and Native American/Alaska Native) and two other groups (Multi-racial and Other/Unknown).
- In those areas where the data collection system allowed more than one choice per person, any individual with data that "rolled up" into two or more different broad groups is counted as "Multi-racial" (White and Chinese, which rolled up to White and Asian-Pacific Islander, is counted as "Multi-racial"; Korean and Chinese as "Asian-Pacific Islander").
- "Other" is grouped with "Unknown" into "Other/Unknown".

Program Specific Data Notes

Prevention

Prevention data shown in the report were provided in summary form by the Alcohol, Tobacco and Other Drug Prevention (ATODP) Division of the Seattle-King County Public Health Department. Providers report demographic data about individuals who participate in multiple session prevention programs but report only the total number of participants at single event prevention activities. Data about individuals include gender, age group, ethnicity and Hispanic origin.

Each multiple session program has a defined curriculum that is implemented with a registered group of participants who attend a prescribed number of sessions. Examples are Life Skills or the Nurturing Program. A single event is not an ongoing program but a prevention event that occurs once. Examples include a specific media campaign for graduation or prom time or a Health Fair.

Emergency Services Patrol

Individually identified data are not currently collected for this service.

Sobering Center

Data for services are entered into the MHCADSD chemical dependency database by Sobering Center staff using the Sobering Center application.

Detoxification Center

Data for services at the Detoxification Center are entered into the TARGET data system by Detoxification Center staff. This report is based on downloaded data from that system.

Since February 2003, a separate TARGET admission has been reported for each level of care. To represent the true volume of admissions regardless of changes in level of care, only one admission is counted when a person had a prior TARGET detoxification admission that ended the day before the new TARGET admission date.

TARGET requires that data about the person's self-identified drugs of choice be reported. The Detoxification Center is not required to report data about the drug(s) for which the person is receiving detoxification services.

TARGET allows multiple referrals to be reported; however, the CDPIR uses only one referral for each discharge. Discharge referrals were counted based on the following hierarchy that generally orders the choices according to the intensity of response that the

referral represents: ADATSA, ITS, CD TX, Self-help, Housing and Other. ("Other" includes referrals for medical/dental, mental health and miscellaneous other resources.) Those discharges with multiple referrals are reported based on whichever of those referrals is the highest in this hierarchy. (Discharges that represent a transfer to a different level of care are excluded to remain consistent with the admission data reported.)

Involuntary Commitment Services

Data for ICS referrals are entered into the integrated chemical dependency database by ICS staff using the ICS application. Data included are for referrals received and the disposition of each of those referrals.

Outpatient Treatment: Youth, Adult and Opioid Treatment Programs

Data for all Outpatient programs are entered into the TARGET system by service providers and the CDPIR is based on those data.

The data used in this report are limited as follows:

- Only admissions where the TARGET "Fund Source" is "County Community Services" or there was a King County "Special Project Code" at some time during the admission are included. Those data indicate that the services are provided under contracts with King County.
- Data included for Youth and Adult are for the TARGET modalities of intensive outpatient, outpatient and MICA outpatient. Data for Youth are for all admissions where the client was under 18 on the admission date (for Adult, 18 or over).
- Data for Opioid Treatment Programs are for all admissions where the TARGET modality is "Methadone/Opiate Substitution Treatment".
- To remove Youth and Adult admissions that are missing discharge data, any admissions that started before 2000 and have no discharge data were excluded as probable errors. (This was not done with Opioid Treatment Programs because admissions longer than three years are common for that treatment modality.)
- Opioid Treatment Program admissions that were essentially transfers to another treatment location (often with the same provider) were combined. Such continuous treatment episodes were counted as a new admission only for the period when the first admission started and were counted as only one admission for any period in which the combined admissions were open.

The treatment completion rate is computed using the following algorithm:

of discharges with treatment completed
----number of discharges

Note that the denominator used to compute treatment completion rate includes only discharges for the following reasons: completed treatment, no contact/aborted treatment, not amenable to treatment, rule violation and withdrew against program advice.

Discharges for the following reasons are excluded from the calculation of treatment completion rate: client died, funds exhausted, inappropriate admission, incarcerated, moved, transferred to different facility, withdrew with program advice, administrative closure and other.

The statewide rates for treatment completion that are cited for Youth and Adult Outpatient Treatment are based on reports from the DASA Treatment Analyzer, which contains TARGET data although it is different from the TARGET system. Those reports use the treatment completion algorithm described above. The reported results were calculated in each area (Youth and Adult) by running a statewide report and a King County report, then subtracting the numbers for King County from the statewide numbers for both the "number of discharges with treatment completed" and the "number of discharges". The rate was then calculated as shown above.

Chemical Dependency Performance Indicators Report, Appendix B – Glossary

ADATSA The Alcohol and Drug Addiction Treatment and Support Act, which provides

state-financed treatment and support to indigent people who are chemically dependent. ADATSA provides eligible people with inpatient and outpatient chemical dependency treatment and with limited financial support for housing

and other needs.

Biennial Washington State's fiscal year is organized on a two-year basis, referred to as

a biennium. Biennial quarters are one fourth of that period, or six months long. The current biennium began July 1, 2007 and will end June 30, 2009.

CD TX Chemical dependency treatment.

DASA The Washington State Division of Alcohol and Substance Abuse, a division of

the Department of Social and Health Services.

ESP Emergency Services Patrol (see program description).

ICS Involuntary Commitment Services (see program description).

MHCADSD The Mental Health, Chemical Abuse and Dependency Services Division of the

King County Department of Community and Human Services.

KCCOP King County Community Organizing Program

TARGET Treatment Assessment and Report Generation Tool is a data collection and

reporting system that is maintained by DASA and contains data about publicly

funded chemical dependency treatment that are submitted by contracted

treatment providers.

Chemical Dependency Performance Indicators Report, Appendix C - Program Providers for July - December 2008

				Detox	ICS	Outpatient		
Provider	Providor I I I	Sober . Ctr	Youth			Adult	ОТР	
Alpha Center							Х	
Asian Counseling Referral Service						Х	Χ	
Auburn Youth Resources	Х					Х		
Catholic Community Services							Χ	
Center for Human Services	Х					Х	Χ	
Community Psychiatric Clinic						Х	Χ	
Consejo Counseling & Referral Svcs						Х	Χ	
Downtown Emergency Service Center							Χ	
Encompass	Х							
Evergreen Treatment Services								Χ
Friends of Youth	Χ					Х		
Girl Scouts-Western WA	Χ							
Greater Maple Valley Community Center	Χ							
Program							Χ	
Integrative Counseling Services							Χ	
Intercept Associates							Χ	
Kent Youth and Family Services						х		
King County Emergency Services Patrol		Х						
King County Involuntary Commitment Services					Х			
Lifelong AIDS Alliance	Х							
Muckleshoot Indian Tribe							Χ	
Navos							Х	
Neighborhood House	Х							
New Traditions							Х	
Northshore Family and Youth Services	Х					х		
Perinatal Treatment Services							Х	
Pioneer Human Services							Х	
Recovery Centers of King County			Х	Х			Х	
Renton Area Youth and Family Services	Х					Х		
Ruth Dykeman Youth and Family Services						Х		
Ryther Child Center						Х		
SafeFutures Youth Center	Х							
SeaMar Community Health Centers						х	Х	
Seattle Counseling Services						х	Х	
Seattle Indian Health Board							Х	
Snoqualmie Indian Tribe							Х	
Sound Mental Health						Х	Х	
Therapeutic Health Services	Х					Х	Х	Х
Valley Cities Counseling and Consultation						Х	Х	
Vashon Youth & Family Services	Х							
Washington Asian/Pacific Islander Families								
Against Substance Abuse (WAPIFASA)	Х					Х		
Youth Eastside Services						Χ		